

BIR Form No.

March 2003 (ENCS)

From

12	01	17
----	----	----

 (MM/DD/YY)

To

12	31	17
----	----	----

 (MM/DD/YY)

Payee Information

Identification Number 262 571 664 000

SHERILYN V. PINPIN-ARCA

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

Daang Amaya I, Tanza, Cavite

4A Zip Code

5A Zip Code

Payor Information

Identification Number	001	898	705	0000
-----------------------	-----	-----	-----	------

TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

MELANIE P. BOBADILLA

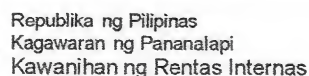
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

Division Manager B - ACMD

Title/Position of Signatory

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Part I	Payee Information
--------	-------------------

3	Payee's Name	<div>▶ UNCLE CAR CARE CENTER</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
---	--------------	---

5 Foreign Address 5A Zip Code

Payor Information

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

8 Registered Address 8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC 157			1,950.00	1,950.00	19.50
	WC 157			600.00	600.00	12.00
Total		-	-	2,550.00	2,550.00	31.50
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B- ACMD

 Title/Position of Signatory

Conformer: _____	
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 253 219 471 000

3 Payee's Name	GSD SYSTEM WATER-HEALTH ENTERPRISE
----------------	------------------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ B16 L16 Josua St., Brgy. Sto. Domingo, Bay, Laguna

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC 157	60,000.00			60,000.00	535.71
Total		60,000.00	-		60,000.00	535.71
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

30

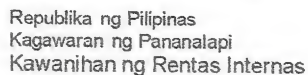
Division Manager - B ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 04 01 17 (MM/DD/YY)		To ▶ 06 30 17 (MM/DD/YY)	
Part I					
2 Taxpayer Identification Number ▶		Payee Information			
▶ 276 907 136 000					
3 Payee's Name ▶		VITONIO, ROMMEL S.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address ▶		Tanza, Cavite		4A Zip Code ▶	
5 Foreign Address ▶				5A Zip Code ▶	
Payor Information					
6 Taxpayer Identification Number ▶					
▶ 001 898 705 0000					
7 Payor's Name ▶		TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address ▶		A. Soriano Highway, Tanza, Cavite		8A Zip Code ▶	
				4 1 0 8	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		276	907	136	000									
3 Payee's Name		VITONIO, ROMMEL S.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer														
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

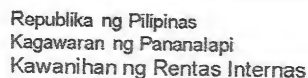
Division Manager B - AGMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

Taxpayer Information		Payee Information	
2 Taxpayer Identification Number	▶ 415 533 706 000	3 Payee's Name	▶ VILLEGAS, MARCELO N. JR.
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
4 Registered Address	▶ Tanza, Cavite	4A Zip Code	▶
5 Foreign Address	▶	5A Zip Code	▶

Payor Information

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) A. Soriano Highway, Tanza, Cavite
8A Zip Code	4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

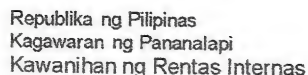
9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number		Payee Information			
	▶	415	533	706	000
3 Payee's Name	▶	VILLEGAS, MARCELO N. JR.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number ▶		0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name ▶		TANZA WATER DISTRICT			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ▶		A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number	▶	231	007	982	000
3 Payee's Name	▶	RODRIGUEZ, ROSALINA D.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite	4A Zip Code	▶	
5 Foreign Address	▶		5A Zip Code	▶	

Payor Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

01	01	17
----	----	----

 (MM/DD/YY)

To

03	31	17
----	----	----

 (MM/DD/YY)

Part I

Payee Information

2 Taxpayer

Identification Number

231	007	982	000
-----	-----	-----	-----

3 Payee's Name

► RODRIGUEZ, ROSALINA D.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza. Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

0	0	1	898	705	0000
---	---	---	-----	-----	------

7 Payor's Name

▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

A. Soriano Highway, Tanza, Cavite

8A Zip Code

4	1	0	8
---	---	---	---

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		231	007	982	000						
3 Payee's Name		RODRIGUEZ, ROSALINA D.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite						4A Zip Code					
5 Foreign Address								5A Zip Code					
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite						8A Zip Code		4108			

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6384.00	7,215.60	19,647.60	392.95
Total		6,048.00	6,384.00	7,215.60	19,647.60	392.95
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	479	945	087	000	
3 Payee's Name	▶	REAL, MARJORIE ANN P.				
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	▶	Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

Payer Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

6

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 7 9 9 4 5 0 8 7 0 0 0

3 Payee's Name	▶ REAL, MARJORIE ANN P. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

4 Registered Address ▶	Tanza, Cavite	4A Zip Code
------------------------	---------------	-------------

5 Foreign Address ▶ 5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

67

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period		From		04	01	17	(MM/DD/YY)	To	06	30	17	(MM/DD/YY)
Part I				Payee Information								
2 Taxpayer		Identification Number		218	433	964	000					
3 Payee's Name		RANCE, RAMON RODOLFO H.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite						4A Zip Code				
5 Foreign Address								5A Zip Code				
Payor Information												
6 Taxpayer		Identification Number		001	898	705	0000					
7 Payor's Name		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite						8A Zip Code		4108		

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,167.08	3,474.00	6,774.28	18,415.36	368.31
Total		8,167.08	3,474.00	6,774.28	18,415.36	368.31
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information	
-------------------	--

2 Taxpayer Identification Number 218 433 964 000

3 Payee's Name	RANCE, RAMON RODOLFO H.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible][illegible]

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		RAMOS, ANDRIANO S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

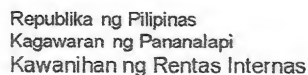
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

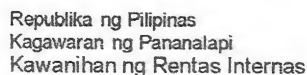


BIR Form No.
2307
March 2003 (ENCS)

[illegible]

9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD
	Payor/Payor's Authorized Representative (Signature Over Printed Name)		Title/Position of Signatory

Conforme:	
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Payee/Payee's Authorized Representative Signature Over Printed Name	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date Signed



BIR Form No.
2307
March 2003 (ENCS)

PART II						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	4,368.00			4,368.00	87.36
Total		4,368.00	-	-	4,368.00	87.36
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

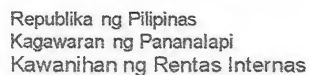
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 479 579 745 000

3 Payee's Name	PORCIONCULA, ALWYN T.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

04	01	17
----	----	----

 (MM/DD/YY)

To

06	31	17
----	----	----

 (MM/DD/YY)

Part I

Payee Information

2 Taxpayer

Identification Number

186	216	220	000
-----	-----	-----	-----

3 Payee's Name

► PITONG, REYNALDO C.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

0	0	1	898	705	0000
---	---	---	-----	-----	------

7 Payor's Name

▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

► A. Soriano Highway, Tanza, Cavite

8A Zip Code

4	1	0	8
---	---	---	---

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

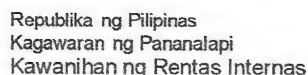
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number	186	216	220	000
----------------------------------	-----	-----	-----	-----

3	Payee's Name	▶ PITONG, REYNALDO C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
---	--------------	--

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address ▶ 5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

57

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number ▶ 403 408 389 000

3 Payee's Name	PERLAS, XYRUS ANJELO
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

67

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 403 408 389 000

3 Payee's Name	PERLAS, XYRUS ANJELO
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7. Payor's Name TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4	1	0	8
---	---	---	---

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	281	711	814	000
3 Payee's Name	▶	NOVIO, RYAN I.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6	Taxpayer Identification Number	001	898	705	0000
7	Payor's Name	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

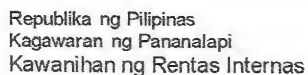
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

2 Taxpayer Identification Number ▶ 281 711 814 000

3	Payee's Name	▶ NOVIO, RYAN I.
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address ▶		5A Zip Code ▶	
---------------------	--	---------------	--

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	<div> <div>A. Soriano Highway, Tanza, Cavite</div> <div>8A Zip Code</div> <div>4 1 0 8</div> </div>

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme:	
_____ Payee/Payee's Authorized Representative Signature Over Printed Name	_____ Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 31 17 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number 000 000 000 000

3 Payee's Name	<div>▶ MESTIZO, REYMON J.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
----------------	--

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7	Payor's Name	TANZA WATER DISTRICT
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conformer: _____	
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		MESTIZO, REYMON J.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 408 444 857 000

3 Payee's Name ▶ **MACALLA, ROMMEL V.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7. Payor's Name ▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 408 444 857 000

3 Payee's Name ▶ **MACALLA, ROMMEL V.**

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

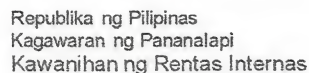
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

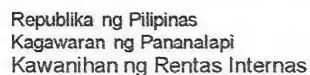
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 130 850 492 000

3 Payee's Name **▶ LEGASPI, FREDDIE M.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address ▶ 5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

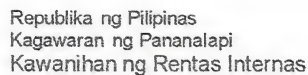
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 301 013 754 000

3	Payee's Name	▶ LARA, JULIO V. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
---	--------------	--

4 Registered Address ▶	Tanza, Cavite	4A Zip Code ▶	
------------------------	---------------	---------------	--

5 Foreign Address ▶ 5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 301 013 754 000

3 Payee's Name	▶ LARA, JULIO V. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

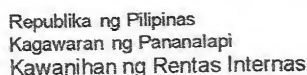
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme: _____
Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

Title/Position of Signatory

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Identification Number		000	000	000	000							
3 Payee's Name		JOYA, ESTERITA M.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Part II														
6 Taxpayer		Identification Number		001	898	705	0000							
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

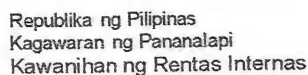
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information	
-------------------	--

2 Taxpayer Identification Number

3 Payee's Name	<div> <div>IBAS, JORAIZAL I.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
----------------	---

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information	
-------------------	--

2 Taxpayer Identification Number	▶	2 7 1	9 6 1	6 1 9	0 0 0
3 Payee's Name	▶	HONRADA, ARMAN G.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6	Taxpayer Identification Number	001	898	705	0000
7	Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code
					4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

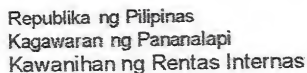
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

PART II						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,810.00	7,238.00	9,522.00	24,570.00	491.40
Total		7,810.00	7,238.00	9,522.00	24,570.00	491.40
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I Payee Information

2 Taxpayer Identification Number ▶ 131 901 673 000

3 Payee's Name	▶ HERNANDEZ, NAPOLEON B.
----------------	--------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor information

6 Taxpayer Identification Number

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name First Name Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

to

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

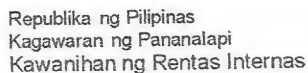
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		07	01	17	(MM/DD/YY)	To	09	30	17	(MM/DD/YY)
Part I Payee Information												
2 Taxpayer		Identification Number		131	646	505	000					
3 Payee's Name		HERNANDEZ, NAPOLEON B.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite						4A Zip Code				
5 Foreign Address								5A Zip Code				
Payor Information												
6 Taxpayer		Identification Number		001	898	705	0000					
7 Payor's Name		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite						8A Zip Code		4108		

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

PART II Details of Monthly Income Payments and Tax Withheld						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10,080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, ~~as~~ amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part 1

2 Taxpayer Identification Number	▶	131	646	505	000
3 Payee's Name	▶	HERNANDEZ, NAPOLEON B.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Pavor information

6 Taxpayer Identification Number	001	898	705	0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code
				4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 131 646 505 000

3 Payee's Name	▶ HERNANDEZ, NAPOLEON B.
----------------	--------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 1 3 3 8 9 0 4 1 0 0 0

3 Payee's Name	GREGORIO, TERESITA P.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ➔ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number	001	898	705	0000
----------------------------------	-----	-----	-----	------

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II
Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,216.00	6384.00	7,224.00	19,824.00	396.48
Total		6,216.00	6,384.00	7,224.00	19,824.00	396.48
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

20

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	31	17	(MM/DD/YY)
Part I													
Payee Information													
2 Taxpayer		Identification Number		413	389	041	000						
3 Payee's Name		GREGORIO, TERESITA P.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I													
Payee Information													
2 Taxpayer		Identification Number		282	607	982	000						
3 Payee's Name		GONZALES, RAFFY V.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

Part I Payee Information

2 Taxpayer Identification Number ▶ 282 607 982 000.

3 Payee's Name ▶ **GONZALES, RAFFY V.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

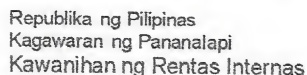
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

07

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)	
Part I Payee Information														
2 Taxpayer		Identification Number		291	241	933	000							
3 Payee's Name		GEONZON, MELVIN D.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Part II Payor Information														
6 Taxpayer		Identification Number		001	898	705	0000							
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number

3	Payee's Name	▶ GATDULA, ROGELIO S. JR.
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

67

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name ▶ **GATDULA, ROGELIO S. JR.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address	Tanza, Cavite	4A Zip Code	
----------------------	---------------	-------------	--

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	<div> <div>A. Soriano Highway, Tanza, Cavite</div> <div>8A Zip Code 4 1 0 8</div> </div>

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6,384.00	7,728.00	20,664.00	413.28
Total		6,552.00	6,384.00	7,728.00	20,664.00	413.28
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number

3 Payee's Name	▶ DONES, ALEX F. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	---

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7	Payor's Name	TANZA WATER DISTRICT
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

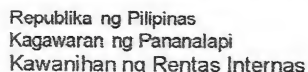
9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

Part I Payee Information

2 Taxpayer	346	630	650	200
------------	-----	-----	-----	-----

3 Payee's Name	DONES, ALEX F.
----------------	----------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite 4A Zip Code ▶

5 Foreign Address 5A Zip Code

6 Taxpayer	001	000	705	0000
------------	-----	-----	-----	------

Identification Number	001	898	705	0000
Pavor's Name	TANZA WATER DISTRICT			

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

Income Payments Subject to		AMOUNT OF INCOME PAYMENTS	
1. Dividend			
2. Interest			
3. Annuity			
4. Royalty			
5. Other			
Total			

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, ~~as~~ amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

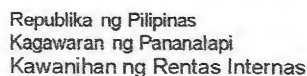
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD

Conforme: _____
Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name	▶ DEL ROSARIO, NELIA V.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name	▶ DEL ROSARIO, NELIA V.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I													
2 Taxpayer		Payee Information											
Identification Number		000	000	000	000								
3 Payee's Name		DEL ROSARIO, NELIA V.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Payee Information											
Identification Number		001	898	705	0000								
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

19

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	DE SILOS, ROLIVER P.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0						
7 Payor's Name	▶	TANZA WATER DISTRICT									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite				8A Zip Code	▶	4	1	0	8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,474.00	6902.00	8,850.00	23,226.00	464.52
Total		7,474.00	6,902.00	8,850.00	23,226.00	464.52
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name	▶ DE SILOS, ROLIVER P.
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0018987050000

7	Payor's Name	▶ TANZA WATER DISTRICT
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name	DAYAP, JOSE CARLO B.
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

04	01	17	(MM/DD/YY)
----	----	----	------------

To

06	30	17	(MM/DD/YY)
----	----	----	------------

Part I

Payee Information

2 Taxpayer

Identification Number

000	000	000	000
-----	-----	-----	-----

3 Payee's Name

► DAYAP, JOSE CARLO B.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

001	898	705	0000
-----	-----	-----	------

7 Pavor's Name

TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

A. Soriano Highway, Tanza, Cavite

8A Zip Code

4108

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 407 607 711 000

3 Payee's Name ▶ CUSTODIO, KIA P.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

01	01	17
----	----	----

 (MM/DD/YY)

To

03	31	17
----	----	----

 (MM/DD/YY)

Part I

Payee Information

2 Taxpayer

Identification Number: 232 251 268 000

3 Payee's Name

CUSTODIO, CHRISTOPHER M.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza. Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number	001	898	705	0000
-----------------------	-----	-----	-----	------

7 Payor's Name

TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

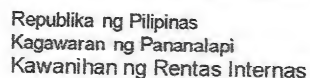
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Part I Payee Information

3 Payee's Name ▶ **CUSTODIO, CHRISTOPHER M.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

7 Payor's Name ▶ TANZA WATER DISTRICT

8 Registered Address (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

Income Payments Subject to Expanded Withholding Tax	ATC	Details of Monthly Income Payments and Tax Withheld for the Quarter				
		AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,346.00	8546.00	9,433.00	26,325.00	526.50

[illegible]

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative
Signature Over Printed Name _____

_____ Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

04	01	17
----	----	----

(MM/DD/YY)

To

06	30	17
----	----	----

MM/DD/YY

Part 1

2 Taxpayer

Identification Number

301	076	825	000
-----	-----	-----	-----

Payee Information

3 Payee's Name

► **CUSTODIO, ALEXON R.**

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

001	898	705	0000
-----	-----	-----	------

7 Payor's Name

TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 9

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

Taxpayer Information		Payee Information	
2 Taxpayer Identification Number	▶ 301 076 825 000		
3 Payee's Name	▶ CUSTODIO, ALEXON R.		
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶ Tanza, Cavite		4A Zip Code ▶
5 Foreign Address	▶		5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number		0	0	1	8	9	8	7	0	5	0	0	0	0			
7 Payor's Name		TANZA WATER DISTRICT															
8 Registered Address		A. Soriano Highway, Tanza, Cavite															
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											8A Zip Code	4	1	0	8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

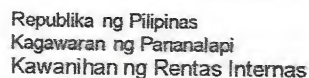
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number ▶

3 Payee's Name ▶ **CRUDO, JEFFRY B.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite 4A Zip Code ▶

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	--	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conformer: _____	
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I Payee Information

2 Taxpayer Identification Number ▶

3	Payee's Name	<div> <div>CRUDO, JEFFRY B.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
---	--------------	--

4 Registered Address ▶ Tanza, Cavite 4A Zip Code

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

8 Registered Address (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 163 599 853 000

3 Payee's Name ▶ **CESA, FELICIANA J.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address	Tanza, Cavite	4A Zip Code	
----------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative _____ Date Signed _____

Signature Over Printed Name

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number 163 599 853 000

3	Payee's Name	CESA, FELICIANA J.
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme:	
<div style="border-bottom: 1px solid black; height: 20px; margin: 0 auto; width: 80%;"></div> <div style="text-align: center;">Payee/Payee's Authorized Representative</div> <div style="text-align: center;">Signature Over Printed Name</div>	<div style="border-bottom: 1px solid black; height: 20px; margin: 0 auto; width: 80%;"></div> <div style="text-align: center;">Date Signed</div>

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

Taxpayer Information	
2 Taxpayer Identification Number	163 599 853 000
3 Payee's Name	CESA, FELICIANA J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
4 Registered Address	Tanza, Cavite 4A Zip Code
5 Foreign Address	 5A Zip Code

Payor Information

6	Taxpayer Identification Number	▶	001	898	705	0000
7	Payor's Name	▶	TANZA WATER DISTRICT			
			(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	▶	A. Soriano Highway, Tanza, Cavite			
			8A	Zip Code	▶	4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

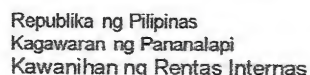
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Part I		Payee Information	
2 Taxpayer Identification Number	▶ 163 599 853 000		
3 Payee's Name	▶ CESA, FELICIANA J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)		
4 Registered Address	▶ Tanza, Cavite	4A Zip Code	▶
5 Foreign Address	▶	5A Zip Code	▶

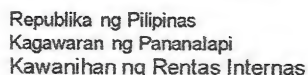
[illegible]

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	6888.00	8,938.44	22,882.44	457.65
Total		7,056.00	6,888.00	8,938.44	22,882.44	457.65
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

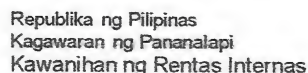
9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative
Signature Over Printed Name

_____ Date Signed



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number	▶	407	189	978	000	
3 Payee's Name	▶	CABITAC MICHAEL A.				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	▶	Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

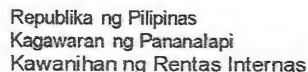
Division Manager B - AGMD

Title/Position of Signatory _____

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I													
Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		BORJA, MELJUN S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

6

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	<div>000</div> <div>000</div> <div>000</div> <div>000</div>			
3 Payee's Name	<div>BOCALAN, TIMOTEO A. JR.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>			
4 Registered Address	<div>Tanza, Cavite</div>		4A Zip Code	<div></div>
5 Foreign Address	<div></div>		5A Zip Code	<div></div>

Pavor Information

6	Taxpayer Identification Number	001	898	705	0000
7	Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

37

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

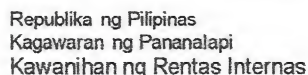
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		07	01	17	(MM/DD/YY)	To	09	30	17	(MM/DD/YY)
Part I Payee Information												
2 Taxpayer	Identification Number											
	000	000	000	000								
3 Payee's Name	BOCALAN, TIMOTEO A. JR.											
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
4 Registered Address	Tanza, Cavite										4A Zip Code	
5 Foreign Address											5A Zip Code	
Part II Payor Information												
6 Taxpayer	Identification Number											
	001	898	705	0000								
7 Payor's Name	TANZA WATER DISTRICT											
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
8 Registered Address	A. Soriano Highway, Tanza, Cavite										8A Zip Code	4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)	
Part I				Payee Information									
2 Taxpayer Identification Number		▶		430	843	779	000						
3 Payee's Name		▶		BERMEJO, RYAN S.									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		▶		Tanza, Cavite					4A Zip Code		▶		
5 Foreign Address		▶							5A Zip Code		▶		
Payor Information													
6 Taxpayer Identification Number		▶		001	898	705	0000						
7 Payor's Name		▶		TANZA WATER DISTRICT									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		▶		A. Soriano Highway, Tanza, Cavite					8A Zip Code		▶		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 04 01 17 (MM/DD/YY)		To ▶ 06 31 17 (MM/DD/YY)	
Part I		Payee Information			
2 Taxpayer	▶ 430 843 779 000				
Identification Number					
3 Payee's Name	▶ BERMEJO, RYAN S.				
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	▶ Tanza, Cavite			4A Zip Code	▶
5 Foreign Address	▶			5A Zip Code	▶
		Payor Information			
6 Taxpayer	▶ 001 898 705 0000				
Identification Number					
7 Payor's Name	▶ TANZA WATER DISTRICT				
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	▶ A. Soriano Highway, Tanza, Cavite			8A Zip Code	▶ 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	5,544.00	4704.00	8,232.00	18,480.00	369.60
Total		5,544.00	4,704.00	8,232.00	18,480.00	369.60
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		BAUTISTA, AEY S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Part II Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	<div>000</div> <div>000</div> <div>000</div> <div>000</div>				
3 Payee's Name	BAUTISTA, AEY S.				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	Tanza, Cavite			4A Zip Code	<div></div> <div></div> <div></div>
5 Foreign Address				5A Zip Code	<div></div> <div></div> <div></div>

Payor Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

10

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

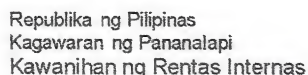
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		10	01	17	(MM/DD/YY)	To		12	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		129	912	413	000						
3 Payee's Name		BARRERA, JULIETA S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part 1		Payee Information
--------	--	-------------------

2 Taxpayer Identification Number ▶ 1 2 9 9 1 2 4 1 3 0 0 0

3 Payee's Name	BARRERA, JULIETA S.
----------------	---------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

From

04	01	17
----	----	----

 (MM/DD/YY)

To

06	30	17	(MM/DD/YY)
----	----	----	------------

Part I

Payee Information

2 Taxpayer

Identification Number

► 129 912 413 000

3 Payee's Name

► BARRERA, JULIETA S.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

0	0	1	8	9	8	7	0	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

7 Payor's Name

TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

► A. Soriano Highway, Tanza, Cavite

8A Zip Code

4	1	0	8
---	---	---	---

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	12,096.00	12,096.00	12,096.00	36,288.00	3,628.80
Total		12,096.00	12,096.00	12,096.00	36,288.00	3,628.80
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
Payee Information														
2 Taxpayer		Identification Number												
		129	912	413	000									
3 Payee's Name		BARRERA, JULIETA S.												
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer		Identification Number												
		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 7 7 8 3 6 0 7 7 0 0 0

3 Payee's Name	▶ ARMIJO, DON PAULO L.
----------------	------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0018987050000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6381.90	9,544.08	22,477.98	449.56
Total		6,552.00	6,381.90	9,544.08	22,477.98	449.56
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)				
Part I																	
Payee Information																	
2 Taxpayer		Identification Number		4	7	7	8	3	6	0	7	7	0	0	0		
3 Payee's Name		ARMIJO, DON PAULO L. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)															
4 Registered Address		Tanza, Cavite										4A Zip Code					
5 Foreign Address												5A Zip Code					
Payor Information																	
6 Taxpayer		Identification Number		0	0	1	8	9	8	7	0	5	0	0	0		
7 Payor's Name		TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)															
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4	1	0	8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

3

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

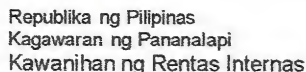
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number ▶

000	000	000	000
-----	-----	-----	-----

3 Payee's Name	▶ ARCUSA, JOHN VIC L.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	5,208.00	6,048.00	7,896.00	19,152.00	383.04
Total		5,208.00	6,048.00	7,896.00	19,152.00	383.04
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

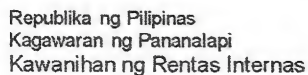
9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	<div>000</div> <div>000</div> <div>000</div> <div>000</div>			
3 Payee's Name	ARCA, VIRILIO T.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	Tanza, Cavite		4A Zip Code	<div></div> <div></div> <div></div>
5 Foreign Address			5A Zip Code	<div></div> <div></div> <div></div>

		Payor Information
--	--	-------------------

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code
					4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,810.00	5,894.00		13,704.00	274.08
Total		7,810.00	5,894.00	-	13,704.00	274.08
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

Melanie P. Bobadilla
MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000 000 000 000												
3 Payee's Name		ARCA, VIRILIO T.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer		Payee Information												
Identification Number		001 898 705 0000												
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as-amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number

3 Payee's Name	▶ ARBUES, ABELARDO R.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Pavor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II
Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

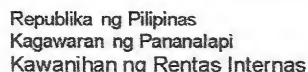
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name	<div>▶ ARBUES, ABELARDO R.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
----------------	---

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payer Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6888.00	8,736.00	22,176.00	443.52
Total		6,552.00	6,888.00	8,736.00	22,176.00	443.52
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme: _____
Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		269	897	531	000						
3 Payee's Name		ARARACAP, ERNEST MARION F.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

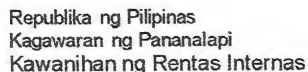
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	2 6 9	8 9 7	5 3 1	0 0 0
3 Payee's Name	▶	ARARACAP, ERNEST MARION F.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6	Taxpayer Identification Number	0018987050000
7	Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8	Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,384.00	6989.85	7,392.00	20,765.85	415.32
Total		6,384.00	6,989.85	7,392.00	20,765.85	415.32
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

kg

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From	04	01	17	(MM/DD/YY)	To	06	30	17	(MM/DD/YY)	
Part I Payee Information												
2 Taxpayer	Identification Number											
	463	278	664	000								
3 Payee's Name	ABAD, REYNALDO SR. E.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address	Tanza, Cavite										4A Zip Code	
5 Foreign Address											5A Zip Code	
Part II Payor Information												
6 Taxpayer	Identification Number											
	001	898	705	0000								
7 Payor's Name	TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address	A. Soriano Highway, Tanza, Cavite										8A Zip Code	4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

6

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 6 3 2 7 6 6 6 4 0 0 0

3 Payee's Name	▶ ABAD, REYNALDO SR. E.
----------------	--------------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

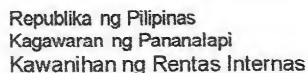
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite
8A Zip Code	4 1 0 8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter	
---------	---	--

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000	000	000	000									
3 Payee's Name		ABAD, ARIEL U.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer														
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____